

SAN LUIS OBISPO COUNTY ASSESSOR'S OFFICE
DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET

IMPORTANT: PLEASE READ

If your annual household income in 2025 was MORE THAN \$81,131, you DO NOT need to complete this worksheet.

Household Income (Section 20504)

"Household Income" means all income received by all persons of a household while members of such household. Include only the income of persons who were members of the household during the calendar year prior to the year of this claim (if the claim is for the 2026/2027 tax year, the income would be for the calendar year 2025).

The term "household" includes the claimant and all other persons, except bona fide renters, minors, or students.

STEP A. Enter your name and Assessor's Parcel Number.

NAME _____ ASSESSOR'S PARCEL NUMBER _____

STEP B. Enter the yearly income of you and your spouse. Complete lines 1 through 17.

1. Wages, salaries, tips, and other employee compensation 1. \$ _____
2. Social security, including the amount deducted for Medi-Care premiums 2. \$ _____
3. Railroad retirement 3. \$ _____
4. Interest and dividends 4. \$ _____
5. Pensions, annuities and disability retirement payments 5. \$ _____
6. SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB (Aid to the Blind) and ATD (Aid to Totally Disabled), AFDC (Aid to Families with Dependent Children), APSB (Aid to the Potentially Self-Supporting Blind) 6. \$ _____
7. Rental income (or loss) 7. \$ _____
8. Net income (or loss) from a business 8. \$ _____
9. Income (or loss) from the sale of capital assets 9. \$ _____
10. Life insurance proceeds that exceeds expenses 10. \$ _____
11. Veterans benefits received from the Veterans Administration 11. \$ _____
12. Gifts and inheritances in excess of \$300, except between members of the household 12. \$ _____
13. Unemployment insurance benefits 13. \$ _____
14. Workers compensation for temporary disability (not for permanent disability) 14. \$ _____
15. Amounts contributed on behalf of the claimant to a tax sheltered or deferred compensation plan (also a deduction), see Line 23 below 15. \$ _____
16. Sick leave payments 16. \$ _____
17. Nontaxable gain from the sale of a residence 17. \$ _____

STEP C. Enter the Income of other household members.

18. Do not include income of minors, students, renters, your spouse and you 18. \$ _____

STEP D. Subtotal. Enter here and on line 20 on the back.

19. SUBTOTAL. Add lines 1 through 18 19. \$ _____

PLEASE CONTINUE ON THE BACK

DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET SIDE 2

20. TOTAL FROM LINE 19..... 20. \$ _____

STEP E. Adjustments to Income. Complete lines 21 through 25 (if applicable).

Section 17072 and following sections of the Revenue and Taxation Code provide for an "adjusted gross income," which means, in the case of an individual, gross income minus the following deductions:

21. Forfeited interest penalty 21. \$ _____
22. Alimony paid 22. \$ _____
23. Individual retirement arrangement such as Keogh (HR 10), or Simplified Employee Plan (SEP) subject to certain limitations 23. \$ _____
24. Employee business expenses 24. \$ _____
25. Moving expenses and deductions of expenses (already taken) for the production of income (or loss) reported in Items 7 (rental), 8 (business), and 9 (sale of capital assets) included in "income." 25. \$ _____

STEP F. Adjustments to Income.

26. Add lines 21 through 25. 26. \$ _____

STEP G. Total Household Income.

27. Subtract line 26 from line 20 27. \$ _____

STEP H. Please sign and date this form. Enter your telephone number and email.

I hereby declare the foregoing facts to be true and correct to the best of my knowledge. I make this statement under penalty of perjury under the Laws of the State of California.

SIGNATURE

DATE

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DAYTIME TELEPHONE NUMBER

EMAIL

ATTACH TO CLAIM FOR DISABLED VETERANS' PROPERTY TAX EXEMPTION